STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM See Instructions and *Privacy STD. 262 (REV. 9/2007) Statement On Reverse Side Page Pages CLAIMANT'S NAME SSN or EMPLOYEE NUMBER* DEPARTMENT Joan M. Borucki California State Lottery POSITION CB/ID No. DIVISION of BUREAU INDEX NUMBER Director Executive 1100 RESIDENCE ADDRESS HEADQUARTERS ADDRESS TELEPHONE NUMBER 600 North 10th Street (916) 323-0403 CITY STATE ZIP CODE CITY STATE ZIP CODE Sacramento CA 95811 (1) NORMAL WORK HOURS (2) PRIVATE VEHICLE LICENSE NUMBER (3) MILEAGE RATE CLAIMED 0800-1700 0.550 (4) MONTHIYEAR (7) (6) (8) MEALS (9) (10)TRANSPORTATION (12) LOCATION WHERE EXPENSES 12/09 O.T., L/T, N/C, RELO. (A) (B) (C) (D) PRIVATE CAR USE TOTAL. BREAK. WERE INCURRED INCIDEN COST OF CARFARE, BUSINESS **EXPENSES** (5) LODGING LUNCH FAST TOLLS, PARKING TALS TRANS. USED EXPENSE FOR DAY TIME DINNER DATE MILES AMOUNT 0700-Sacramento - Burbank -12/20 18.00 9.00 58.00 31.90 58.90 2130 #: Sacramento 0.00 0.00 0.000.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (13) **SUBTOTALS** 0.00 0.00 0.00 18.00 0.00 0.00 9.00 58.00 31.90 0.00 58.90 COLUMN CODE (ACCTG: USE ONLY) **CLAIM TOTAL** \$58.90 (14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) AGENCY ACCOUNTING OFFICE In-studio interview with California Life USE ONLY PAID BY REVOLVING FUND CHECK NUMBER I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage. CLAIMANT'S SIGNATURE DATE (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE Ja Ø (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Ilem 17 on reverse) DATE 50

TRA	VEL	IFORNIA - DEPARTMENT OF PERS EXPENSE CLAIM 9/2007)	ONNEL ADMINI	STRATION	See Ins	structio	ns and *Pr	lvacy Side						·	
STD. 262 (REV. 9/2007) Statement On CLAIMANT'S NAME							n Reverse Side					Page of Pages			
Joan M. Borucki							SSN or EMPLOYEE NUMBER*				1	DEPARTMENT			
POSITION CB/ID No.							DIVISION or BUREAU				Cam	California State Lottery			
Director							Executive					INDEX NUMBER		MBER	
RESIDENCE ADDRESS *							HEADQUARTERS ADDRESS						NE NUMBER		
CITY STATE 7/D CODE							600 North 10th Street					(916) 323-0403			
CITY STATE ZIP CODE							Sacramento					STATE			
(1) NORMAL WORK HOURS											CA 95811				
0800-1700							(2) PRIVATE VEHICLE LICENSE NUMBER					(3) MILEAGE RATE CLAIMED 0.550			
(4) MONTH/YEAR		(6)	(7)	(B) MEALS			(9)	(10) TRANSPORTA					(11)	(12)	
12/09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING			0.T., L/T,		(A) COST OF TRANS.	(B) (C)		(D)		``'	TOTAL	
(5) DATE TIME				BREAK- FAST	LUNCH	N/C, RELC	TALS		TYPE CARFA	CARFARE, TOLLS,	PRIVAT		BUSINESS EXPENSE	EXPENSES FOR DAY	
	1100	S	:			DINNE	R		 	PARKING	MILES	AMOUNT	EXI CITOL	TORDAT	
12/02	2100	Sacramento - San Diego	165.61	·/··	10.00	18.0	00		гс	32.00	10.50	5.78		231.39	
12/03		San Diego - Sacramento		6.00	10.00	18.0	00.6		1C	18,00	29.00	15.95		73.95	
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(13)	5	SUBTOTALS	165,61	6.00	20.00	36.0	0 6.00	0.00		50.00	39.50	21.73	0,00	305.34	
COL	UMN	ODE (ACCTG: USE ONLY)													
CLAIM TOTAL														\$305.34	
(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)															
AGENCY AC													OUNTING (CONLY	OFFICE	
**valet parking was used as self parking was full PAID BY REVO														CK NUMBER	
(15)	HEREB	Y CERTIFY That the above is a true of	datement of the	travel exec-	cae Innuesad t	w me l= -	gooder	DDA . 1 . 1							
CLAIMAN	SAM Sec	Y CERTIFY That the above is a true s I if mileage rates exceed the minimum ilons 0750, 0751, 0752, 0753 and 0754 NATURE	rate, I certify the I pertaining to ve	raver expense the cost of hicie safety a	operaling the ind seat belt t	rsage.	ous equal to or	greater than	ure rate C	iaimed, and mat i	nave me	i the requirem	ents as preso	ricle was cribed by	
Ø		;	5112					SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT					DATE		
	17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Nom 17 on reverse)												E		
<u> </u>					v.a.										